

2394

MARGINAL RESERVE FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Greenlee</u>		State <u>Arizona</u>	
District or Township		City <u>Morenci</u>		No. _____	
City <u>Morenci</u>		No. _____		St. _____ Ward _____	
2. FULL NAME <u>Mrs Rhoda Elizabeth Shellhorn</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number).		State File No. <u>133</u>	
(a) Residence. No. _____		(Usual place of abode)		St. _____ Ward _____	
Length of residence in city or town where death occurred		yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>♀</u>	4. COLOR or RACE <u>American</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Married</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edward Shellhorn</u>					
6. DATE OF BIRTH (month, day and year) <u>June 27, 1902</u>					
7. AGE <u>25</u> Years <u>6</u> Months <u>5</u> Days IF LESS than 1 day hrs. min.					
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>house wife</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) <u>Cooney</u>					
(State or country) <u>New Mexico Socorro</u>					
10. NAME OF FATHER <u>Robert L. Burns</u>					
11. BIRTHPLACE OF FATHER <u>Sansaba Co. Texas</u>					
(State or country) <u>Texas</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Mary Clark</u>					
13. BIRTHPLACE OF MOTHER <u>Maricopa</u>					
(State or country) <u>California</u> (city or town)					
14. Informant <u>Mrs. Robert L. Burns</u>					
(Address) <u>Morenci</u>					
15. Filed <u>Dec 29 1929</u> <u>Bl. M. M. M.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>12-27-29</u>					
Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>Dec</u> <u>12-27</u> , 19 <u>29</u>					
that I last saw him/her alive on <u>12-27</u> , 19 <u>29</u>					
and that death occurred, on the date stated above, at <u>12:30 P. M.</u>					
The CAUSE OF DEATH* was as follows: <u>Auto accident</u>					
(duration) yrs. mos. ds.					
CONTRIBUTORY (Secondary) <u>Fractured skull-</u>					
(duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death? <u>no</u>					
Did an operation precede death? <u>no</u> Date of _____					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? _____					
(Signed) <u>Valent Pice</u> M. D.					
1929 (Address) <u>Morenci Ariz</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Greenlee County</u>					
DATE OF BURIAL <u>Dec 28-29</u>					
20. UNDERTAKER <u>W. J. Person</u>					
ADDRESS <u>Morenci</u>					